Morning Migraine

is more severe, hard to treat, and needs a different treatment approach

Morning Migraine has been reported in 39% of migraine patients[1]

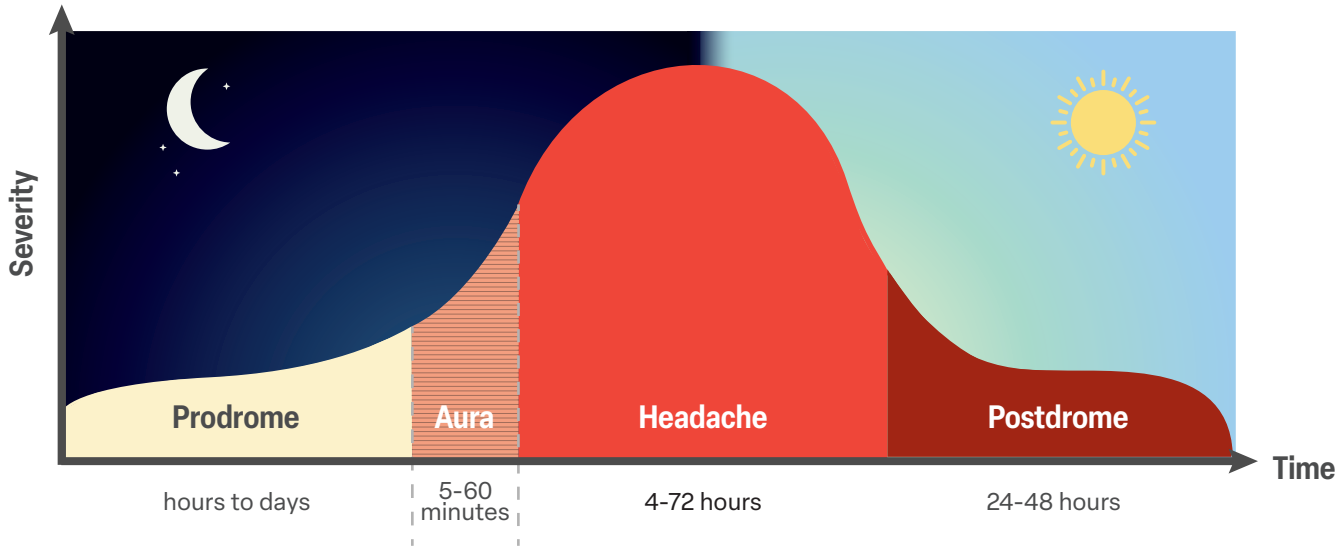
Morning Migraine is a unique migraine phenotype that meets ICHD-3 criteria for migraine[2], and:

- Is present upon awakening at usual morning hours[1]
- And/or awakens the patient overnight from sleep[1]

Exclusion: Morning Migraine is different from sleep apnea headaches. However, sleep apnea is a risk factor for Morning Migraine.[3]

Phases of Morning Migraine[4]

The migraine attack has progressed beyond the prodrome to the headache phase, all while the patient was asleep.



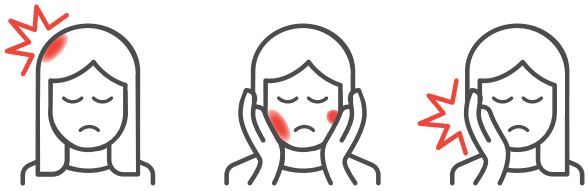
Morning Migraine is more severe & hard to treat.

Morning Migraine is associated with multiple indicators of disease severity[5]

2026 findings from the Migraine in America Symptoms and Treatment (MAST) Study, a population-based survey of 15,133 adults with migraine

- **Inadequate Treatment Response** — **2x** higher rate of inadequate treatment response[5]
- **Greater Disability** — **2x** higher rate of moderate-to-severe disability[5]
- **More Progression** — **1.7x** higher risk of progression at 6 months[5]
- **More Allodynia** — **1.8x** higher risk of allodynia[5]

About 50% of patients with Morning Migraine experience Allodynia, a marker of Central Sensitization[5]



Patients with Allodynia typically present with sensitivity to touch of scalp/hair, face, and/or teeth/gums.[6]

Morning Migraine needs a different treatment approach.

Requirements of an effective agent:

- ☑ Demonstrated efficacy in Morning Migraine population
- ☑ Has a rapid onset of action
- ☑ Proven to reverse Central Sensitization
- ☑ Proven safety/tolerability
- ☑ Powerful enough to deliver rapid Pain Freedom (not just pain relief)

6x Patients who achieve **Pain Freedom** are 6X more likely to achieve **Disability Freedom**[7]

AMERICAN HEADACHE SOCIETY

Rapid Pain Freedom is a critical goal of acute treatment of migraine, per the American Headache Society (AHS)[8]

- ■ **Do you have patients like this who suffer from Morning Migraine?**
- ■ **How do you treat them when triptans aren't enough?**

References: 1. Gori S, et al., Preferential occurrence of migraine attacks during night sleep and/or upon awakening negatively affects migraine clinical presentation. *J Headache Pain*. 2015;30(2):119-123. **2.** IHS. The International Classification of Headache Disorders, 3rd edition (ICHD-3). ICHD-3.org. **3.** Phelps C, Roche S, Shafik A, Oyoyo U. Prevalence of Migraine Headaches in Obstructive Sleep Apnea Patients in Faculty Practice. Poster Presented at: Headache Cooperative of the Pacific Annual Meeting; January 2025; Ojai, CA. **4.** Dodick DW. A Phase-by-phase review of migraine pathophysiology. *Headache*. 2018;58:4-16. **5.** Lipton RB, et al. (2026) Characterizing Morning Migraine: Results from the 2017 Migraine in America Symptoms and Treatment (MAST) Study. Submitted for publication. **6.** Tepper SJ, et al. *Headache* 2012;52:37-47. **7.** Lipton RB et al. *Journal of Headache and Pain*; 2021: 22:101. **8.** Ailani J, et al. *Headache*. 2021;61:1021–1039.

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